

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594 875

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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5						
6		①				
7						
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9						
10						
11		⑥				
12	1		1			
13		1		1		
14		2		1		
15	1		1			
16		1		1		
17		1		1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	16	←	16	←		←
TOTAL CLAIMS	19		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						